Grant Award #: _____

OUT-OF-STATE TRAVEL REQUEST
OES 700

RECIPIENT

Agency: _____

Project Director: _____ Phone #: _____

Address: _____

City: _____ Zip: _____

ATTENDEE(S)

Name: _____

Title: _____ Phone #: _____

Name: _____

Title: _____ Phone #: _____

TRIP DETAILS

Trip Date [Month/Day(s)/Year] _____

Destination (City/State) _____

Description (Meeting/Conference/Other)

Justification (indicate the need for the trip and the benefits to the State. Use additional pages if necessary. Attach brochure if available.)

Recipient must attach Cost Worksheet to the Out-of-State Travel Request.

Recommendation:

Approve   **Disapprove**

☐   ☐   _____   _____
                       Program Specialist   Date

☐   ☐   _____   _____
                       Section Chief   Date

OUT-OF-STATE TRAVEL REQUEST COST WORKSHEET

Travel Policy – are the rates based on internal policy or the state's travel policy? Please specify:

Internal Travel Policy   State Travel Policy

Date of Trip: _____

Destination: _____

Purpose: _____

ESTIMATED COSTS

TRANSPORTATION: **AMOUNT**

Airfare: _____

Additional Airport Expenses
   Mileage: (.485 cents per mile as of 1/1/07)
                          Taxi/Shuttle: _____
                          Parking: _____

Auto Expenses:
   Private Car: _____
   Rental Car: _____
   State/Agency Car: _____

HOTEL/PER DIEM
Hotel: (# traveling x # of days @ lodging cost per day = total)

 No. _____ x _____ days @ _____ per day = _____

Per diem: (# traveling x # of days @ daily per diem rate= total)

 No. _____ x _____ days @ _____ per day = _____

OTHER EXPENSES
          Registration/Conference Fee: _____

_____   _____

_____   _____

_____   _____

TOTAL COSTS NOT TO EXCEED: _____